

Evaluation for Advanced Dental Education

Instructions

1. Applicants must complete section I before forwarding to the evaluator.
2. The applicant listed has applied for advanced dental education and requests you complete section II.
3. Please answer all questions and complete the narrative portion of the evaluation.
4. Return evaluation in a sealed envelope directly to: Naval Medical Education and Training Command, Code OGDC, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611
5. Any questions call (301) 295-0650 or DSN 295-0650

Section I

Name (Last, First, MI)	Grade	Designator	SSN
First choice requested for training		Second choice requested for training	
Level of training requested <input type="checkbox"/> Residency <input type="checkbox"/> ACP <input type="checkbox"/> Fellowship <input type="checkbox"/> Ph.D.			

Section II

How well do you know the applicant? (Check all that apply) <input type="checkbox"/> Socially <input type="checkbox"/> Dental Student <input type="checkbox"/> GPR/AEGD student <input type="checkbox"/> ACP student <input type="checkbox"/> Resident	How well do you know the applicant? <input type="checkbox"/> Close and frequent observation <input type="checkbox"/> Above average <input type="checkbox"/> Average <input type="checkbox"/> Vaguely <input type="checkbox"/> Member of command
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How many years have you known the applicant?	From:	To:
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Based upon your experience with other students, dentists and Navy Dental Corps officers, how does the applicant compare when considering the following Rank as follows: 5 - well above average 4 - above average 3 - average 2 - below average 1 - well below average 0 - no opinion

Rating Trait <input type="checkbox"/> Maturity <input type="checkbox"/> Judgement <input type="checkbox"/> Leadership <input type="checkbox"/> Personal Demeanor Communication skills <input type="checkbox"/> Oral <input type="checkbox"/> Written	Space for additional trait comments:
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This candidate ranks ____ out of ____ I have ranked this year
 This candidate ranks ____ out of ____ I have ranked in my career

Gifted individuals occasionally exhibit sporadic records due to extenuating circumstances such as family illness, financial need or personal difficulties. Please advise if you are aware of such problems.

INSTRUCTIONS FOR COMPLETING EVALUATION:

- Use this page only, no additional enclosures or other forms accepted. Please send back to NMETC in a sealed envelope.
- Evaluator must provide electronic and telephone contact information at bottom of this form.
- Evaluator must provide ranking of this applicant on the front of this form.
- Please provide a **concise, accurate** evaluation of this applicant's clinical abilities, aptitude, and potential to succeed in the requested program.

Evaluator's typed or printed name

Evaluator's title or position

Command or School

Evaluator's telephone number

E-mail address

Evaluator's signature

Date